

Board of Commissioners Grant Fact Sheet

Committee Name: Hospital and Health

Date of Committee:

1. Grant Name:	TennCare Prenatal Presumptive Eligibility Expansion
2. Grantor:	Tennessee Department of Health (TDH)
3. Submitted by:	Division of Health Services Dr. Alisa Haushalter, Director
4. Amount:	\$162,600
5. Funding Period:	July 1, 2016 – June 30, 2017
6. Deadline: (if applicable)	June 30, 2017
7. Target Population:	Uninsured/underinsured pregnant women in Shelby County
8. Grant Funding:	<input checked="" type="checkbox"/> New <input type="checkbox"/> Single Year <input type="checkbox"/> Continuation <input type="checkbox"/> Multi-Year Renewable

<p>9. What are the specific goals of the grant? (The final grant proposal should include the goals and the measurable objectives.)</p>	<ul style="list-style-type: none"> • TennCare/Medicaid Enrollment - Assist pregnant women with the completion of any and all components of the TennCare application • CoverKids Enrollment – Assist and process pregnant women ineligible for TennCare
<p>10. How will the project be evaluated to determine that the goals are being met?</p>	<ul style="list-style-type: none"> • TDH tracks and reports enrollment by County • The Shelby County Health Department (SCHD) measures performance via Mayor's Performance Improvement System
<p>11. What bench marks will be utilized to determine that the goals are being met?</p>	<p>Goal – 130 enrollments per month</p>
<p>12. Who will conduct the evaluation?</p>	<p>TDH and SCHD</p>
<p>13. What will happen to the program after it ends?</p>	<p>This contract will be renewed in FY18, if State and Federal funds are available.</p>

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14. List the partners (faith-based, business community, foundations, etc.) that will be sub-recipients of grants funds.	N/A
15. If this is a continuation of previous grant funding and sub-recipients have been awarded funds in the past, list accomplishments/benchmarks met with past grant funds.	N/A
16. What are the criteria for selecting partners? (if applicable)	N/A
17. What type of reporting is required?	<input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Other
18. Will Shelby County Government be the fiscal agent?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, who will serve as the fiscal agent?
19. What budget categories will be included? (Check all that apply)	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Personnel <input checked="" type="checkbox"/> Equipment <input checked="" type="checkbox"/> Supplies <input type="checkbox"/> Resources <input type="checkbox"/> Sub-grants <input type="checkbox"/> Professional Development <input checked="" type="checkbox"/> Others (list Printing) </div> <div style="width: 50%;"> <input type="checkbox"/> Fringe Benefits <input type="checkbox"/> Books <input checked="" type="checkbox"/> Indirect Costs <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Travel </div> </div>
20. What new personnel will be hired? (if applicable)	N/A
21. If equipment purchases will exceed \$50,000 or 25% of the total grant funding, list the type of equipment specified in the grant application.	N/A
22. How much money is allocated for evaluation?	N/A

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23. Does the grant require a match?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, designate the source of the match.
24. Who will provide accounting for the grant?	SCHD Accounting Section
25. Does the grant require the signature of the Mayor and/or County Commission Chairman?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

26. INTERNAL VERIFICATION

To be verified by the Shelby County Board of Commissioners prior to grant acceptance.